



1746/7

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/937,772	
	Filing Date	09/27/01	
	First Named Inventor	Barry, C. Marvin	
	Group Art Unit	1746	
	Examiner Name	Alvarado, Winston M	
Total Number of Pages in this Submission	129	Attorney Docket Number	CDM/7708.999

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal <input type="checkbox"/> Fee attached form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing Related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified copy of Priority Documents	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosures (identify below)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer	Check in the sum of \$966 for fees; Citations for IDS Return acknowledgment postcard
	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel, LLP
Signature	
Date	October 30, 2002

CERTIFICATE OF MAILING			
I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231			
<input checked="" type="checkbox"/> with sufficient postage as first class mail			
<input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Charles D. McClung		
Signature		Date	Oct. 30, 2002



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete If Known

Application Number	09/937,772
Filing Date	09/27/01
First Named Inventor	Barry, C. Marvin
Examiner Name	Alvarado, Winston M.
Group/ Art Unit	1746
Attorney Docket No.	CDM/7708.999

TOTAL AMOUNT OF PAYMENT \$966

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to:

Deposit Account Number 03-1550
Deposit Account Name Chernoff Vilhauer McClung & Stenzel

☒ Charge any additional fee required under 37 CFR 1.16 & 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		101	740	201	370	Utility filing fee	
		106	330	206	165	Design filing fee	
		107	510	207	255	Plant filing fee	
		108	740	208	370	Reissue filing fee	
		114	160	214	80	Provisional filing fee	
SUBTOTAL (1)							\$0

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
10	= 10 x	18	= 180
Indep. Claims 7	= 7 x	84	= 588
Multiple Dependent			= 0

*or number of previously paid, if greater. For reissues, see below.

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
		103	18	203	9	Claims in excess of 20
		102	84	202	42	Independent claims in excess of 3
		104	280	204	140	Multiple dependent claim, if not paid
		109	84	209	42	**Reissue independent claims over original patent
		110	18	210	9	*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$768

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	205	65	Surcharge - late filing fee or oath	
		127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
		139	130	139	130	Non-English specification	
		147	2,520	147	2,520	For filing a request for ex-parte reexamination	
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
		113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
		115	110	215	55	Extension for reply within first month	
		116	400	216	200	Extension for reply within second month	
		117	920	217	460	Extension for reply within third month	
		118	1,440	218	720	Extension for reply within fourth month	
		128	1,960	228	980	Extension for reply within fifth month	
		119	320	219	160	Notice of Appeal	
		120	320	220	160	Filing a brief in support of an appeal	
		121	280	221	140	Request for oral hearing	
		138	1,510	138	1,510	Petition to institute a public use proceeding	
		140	110	240	55	Petition to revive - unavoidable	
		141	1,280	241	640	Petition to revive - unintentional	
		142	1,280	242	640	Utility issue fee (or reissue)	
		143	460	243	230	Design issue fee	
		144	620	244	310	Plant issue fee	
		122	130	122	130	Petitions to the Commissioner	
		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
		126	180	126	180	Submission of Information Disclosure Stmt.	180
		581	40	581	40	Recording each patent assignment per property (times number of properties)	
		146	740	246	370	Filing a submission after final rejection (37 C.F.R. 1.129(a))	
		149	740	249	370	For each additional invention to be examined (37 C.F.R. 1.129(b))	
		179	740	279	370	Request for Continued Examination (RCE)	
		169	900	169	900	Request for expedited examination of a design application	

Other (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$180

SUBMITTED BY

Complete (if applicable)

Name (print type)	Charles D. McClung	Registration No.	26,568	Telephone	(503) 227-5631
Signature				Date	October 30, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on October 30, 2002.

Dated: October 30, 2002



Charles D. McClung

